

# VETERANS JOURNAL



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*Summer 2005 Issue*

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The information in this journal is being provided to make the veteran community aware of some current events, activities and veterans issues that are of mutual concern. From time to time, we will include some relevant information important enough to be repeated, to insure that veterans and their families are aware of the full range of benefits and entitlements available to them.

## Memorial Day



In 1865, Henry C. Welles, a druggist in the village of Waterloo, NY, mentioned at a social gathering that honor should be shown to the patriotic dead of the Civil War by decorating their graves. In the Spring of 1866, he again mentioned this subject to General John B. Murray, Seneca County Clerk. General Murray embraced the idea and a committee was formulated to plan a day devoted to honoring the dead. Townspeople adopted the idea wholeheartedly. Wreaths, crosses and bouquets were made for each veteran's grave. The village was decorated with flags at half mast and draped with evergreen boughs and mourning black streamers.

On May 5, 1866, civic societies joined the procession to the three existing cemeteries and were led by veterans marching to martial music. At each cemetery there were impressive and lengthy services including speeches by General Murray and a local clergyman. The ceremonies were repeated on May 5, 1867. The first official recognition of Memorial Day as such was issued by General John A. Logan, first commander of the Grand Army of the Republic. This was General Order No. 11 establishing "Decoration Day" as it was then known. The date of the order was May 5, 1868, exactly two years after Waterloo's first observance. That year Waterloo joined other communities in the nation by having their ceremony on May 30.

In 1965, a committee of community leaders started plans for the Centennial Celebration of Memorial Day. The committee consisted of VFW Commander James McCann, chairman, American Legion Commander Oliver J. McFall and Mayor Marion DeCicca, co-chairman, along with Village Trustees, M. Lewis Somerville, Roscoe Bartran, Richard Schreck, Tony DiPronio, and VFW Vice-

Commander, Kenneth Matoon. Their goals were: "to obtain national recognition of the fact that Waterloo is the birthplace of Memorial Day through Congressional action" and "to plan and execute a proper celebration for such centennial observance."

In May of 1966, just in time for the Centennial, Waterloo was recognized as the "Birthplace of Memorial Day" by the United States Government. This recognition was long in coming and involved hours of painstaking research to prove the claim. While other communities may claim earlier observances of honoring the Civil War dead, none can claim to have been so well planned and complete, nor can they claim the continuity of observances that Waterloo can. The Centennial Celebration that year brought dignitaries from government, military, veteran's organizations and descendants of the original founders of Memorial Day. A once luxurious home on Waterloo's Main Street, built in 1850, was purchased from the county and restored. Now the Memorial Day Museum, it houses artifacts of the first Memorial Day and the Civil War era.

Memorial Day is commemorated each year in Waterloo. The parade, speeches, and solemn observances keep the meaning of Memorial Day as it was originally intended to be.



## **Department of Veterans Affairs**

### ***Former Prisoners Of War (POWs)***

#### **Who are former prisoners of war?**

Since World War I, more than 142,000 Americans, including 85 women, have been captured and interned as POWs. Not included in this figure are nearly 93,000 Americans who were lost or never recovered. Only one third of America's former POWs since World War I are still living (about 36,500). More than 90% of living former POWs were captured and interned during World War II. Over 21,000 former POWs are in receipt of compensation for service-connected injuries, diseases, or illnesses.

In 1981, Congress passed Public Law 97-37 entitled "Former Prisoners of War Benefit Act." This law accomplished several things. It established an Advisory Committee on Former Prisoners of War and mandated medical and dental care. It also identified certain diagnoses as presumptive service-connected conditions for former POWs. Subsequent public laws and policy decisions by the Secretary of Veterans Affairs have added additional diagnoses to the list of presumptive conditions.

#### **What are the presumptive conditions for former POWs?**

Today, former POWs are generally entitled to a presumption of service-connection for seven diseases, regardless of the length of captivity, if manifested to a degree of 10 percent or more after discharge or release from active military, naval or air service. These diseases are:

- Psychosis
- Dysthymic disorder, or depressive neurosis
- Post-traumatic Osteoarthritis
- Any of the Anxiety States
- Cold Injury
- Stroke and Complications
- Heart Disease and Complications

If a former POW was interned for 30 days or more, the following additional diseases are presumed to be service-connected:

- Avitaminosis
- Chronic Dysentery
- Helminthiasis
- Malnutrition, including associated Optic Atrophy
- Peptic Ulcer Disease
- Beriberi

- Cirrhosis of the Liver
- Irritable Bowel Syndrome
- Pellagra and any other nutritional deficiency
- Peripheral Neuropathy except where directly related to infectious causes.

#### **How should a former POW apply for VA Compensation?**

Former POWs can apply for Compensation for their service-connected injuries, diseases or illnesses by completing VA Form 21-526 (Veterans Application for Compensation or Pension), and submitting it to the VA regional office serving their. They can also apply on the Internet at <http://vabenefits.vba.va.gov/vonapp/main.asp>.

#### **Are there medical benefits for POWs?**

The VA health care system affords priority treatment for former POWs. Those who have a service-connected disability are eligible for VA health care. This includes hospital, nursing home, and outpatient treatment. Former POWs who do not have a service-connected disability are eligible for VA hospital and nursing home care – without regard to their ability to pay. They are also eligible for outpatient care on a priority basis – second only to veterans with service-connected disabilities. While former POWs are receiving treatment in an approved outpatient treatment program, they are eligible for needed medicines, glasses, hearing aids, or prostheses. They are also eligible for all needed dental care. There is no co-payment requirement for former POWs at VA pharmacies.

#### **Are there benefits for survivors of former POWs?**

Yes. The major benefit is Dependency and Indemnity Compensation (DIC) which is a monthly benefit payable to the

surviving spouse (and the former POW's children and parents in some cases) when the former POW:

- was a service member who died on active duty; or
- died from service-related disabilities; or
- died on or before September 30, 1999 *and* was continuously rated totally disabled for a service connected condition (including individual unemployability) for at least 10 years immediately preceding death; or
- died after September 30, 1999, *and* was continuously rated totally disabled for a service-connected condition (including individual unemployability) for at least 1 year immediately preceding death.

DIC is terminated for a surviving spouse who remarries, but can be resumed if the remarriage ends in death, divorce or annulment.

Also, a surviving spouse who remarries *on or after* attaining age 57, and *on or after* December 16, 2003, can continue to receive DIC.

*However*, a surviving spouse who remarried *before* December 16, 2003, *and on or after* attaining age 57, must apply no later than

December 15, 2004, to have DIC restored. VA must deny applications received after that date.

### **Are there related benefits for former POWs and their dependents/survivors?**

The following are other significant VA benefits to which certain

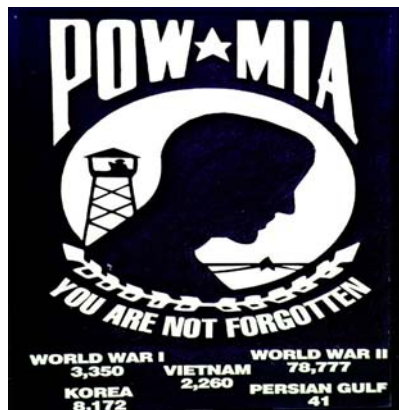
veterans may be entitled: disability pension, medical care, education and training, home loan guaranty, and burial benefits. Certain disabled veterans may be eligible for vocational rehabilitation and employment services, insurance, clothing allowance, special adapted housing assistance, and specially adapted automobile equipment. Certain dependents/survivors may be entitled to health care, death pension, education and training, home loan guaranty, and burial in a national cemetery. See other VA fact sheets on those benefits, or contact VA for more information.

### **Is special assistance available to former POWs?**

Each VA Regional Office has a coordinator for former POWs. Any former POW who needs special assistance should ask to speak to the Former POW Coordinator. Additional former POW information is available at <http://www.vba.va.gov/bln/21/Benefits/POW/index.htm>.

For More Information Call Toll-Free 1-800-827-1000

Or Visit Our Web Site At <http://www.va.gov/>



## **VA Benefits for Former Prisoners Of War**

Released: October 2004

Former American POWs are eligible for special veterans benefits, including enrollment in VA medical care for treatment in VA hospitals and clinics without co-payments as

well as disability compensation for select injuries and diseases that have been generally associated with internment. These benefits are in addition to regular veterans' benefits and services to which they, as veterans, are entitled.

Nearly a third of the 125,213 Americans surviving captivity were estimated to be alive as of January 2004. Records show that 142,219 Americans were captured and interned during World War I, World War II, the Korean War, the Vietnam War, the Gulf War, the Somalia and Kosovo conflicts, and Operation Iraqi Freedom. There were no service members reported missing in action from the Bosnia deployment or from Operation Enduring Freedom in Afghanistan. Of the total POWs returned to U.S. military control, an estimated 35,900 were living as of the end of 2003.

## **Former POWs 2/2/2/2**

Congress has defined a prisoner of war as a person who, while serving on active duty, was forcibly detained by an enemy government or a hostile force, during a period of war or in situations comparable to war.

With nine out of ten former POWs having served in World War II, the average age of former POWs alive today is 84.



## **Compensation**

As of October 2004, there were 19,958 former POWs receiving compensation benefits from VA. Nearly 14,000 of them are rated as totally disabled.

Studies have shown that the physical hardships and psychological stress endured by



POWs have life-long effects on health and on social and vocational adjustment. These studies also indicate increased vulnerability to psychological stress. The laws on

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former POW benefits recognize that military medical records do not cover periods of captivity. For many diseases, unless there is evidence of some other cause, VA disability compensation can be paid on the basis of a presumption that a disease present today is associated with the veteran's captivity or internment.

For POWs detained for 30 days or more, such eligibility covers any of the following illnesses that are found at a compensable level (at least 10 percent disabling): avitaminosis; beriberi; chronic dysentery; cirrhosis of the liver; helminthiasis; irritable bowel syndrome and malnutrition, including associated optic atrophy. Also covered are: pellagra and any other nutritional deficiency; peptic ulcer disease; and peripheral neuropathy, except where directly related to infectious causes. Several categories of diseases are presumptively associated with captivity without any 30-day limit: psychosis; any anxiety state; dysthymic disorders; cold injury; post-traumatic arthritis; strokes; and common heart diseases.

The base rate of VA monthly compensation, according to degree of disability, ranges from \$106 to \$2,239 per month. Veterans rated as 30 percent or more disabled qualify for additional benefits based upon the number of dependents. Dependents of those rated 100 percent disabled may qualify for educational assistance.

Spouses of those veterans who die as a result of service-connected disabilities are eligible for dependency and indemnity compensation. Spouses of former POWs who were rated 100 percent disabled and who died of a condition unrelated to their service

also may be eligible, depending on the date of death and how long the veteran held the 100 percent disability rating. Those non-service-connected deaths prior to October 1999 are covered if the former POW had been 100 percent disabled for at least 10 years. More recent non-service-connected deaths are covered under a law that provides the benefit when the former POWs were 100 percent disabled for a year or more.

## **Former POWs 3/3/3/3**

### **Medical Care**

Former POWs receive special priority for VA health-care enrollment without any length-of-internment requirement, even if their illness has not been formally associated with their service. Former POWs are exempt from making means test copayments for inpatient and outpatient medical care and medications, but they have the same copay rules as other veterans for extended care. They also are eligible for dental care.

VA periodically has provided training for its medical staff about the issues of former POWs, and an online curriculum is maintained at <http://www1.va.gov/VHI/page.cfm?pg=9>.

### **Outreach Campaign**

In collaboration with its Advisory Committee on Former Prisoners of War, VA launched a campaign in 2003 to ensure that eligible former POWs are aware of their VA benefits. Direct mail was used where addresses could be found for these veterans who were not currently on the rolls. For those already receiving benefits, they were reminded of the possible availability of increased compensation if a condition has worsened and they also were alerted to the improvement of benefits in recent years. In addition, to seek former POWs for whom VA could not locate an address, or to reach widows of veterans who may have died of a service-connected condition, VA issued news releases and provided interviews to alert the public to

expanded presumptive service-connection policies. Brochures, exhibits and VA Web sites were improved to provide more information to former POWs and the public.

By early 2004, there had been 356 veterans added to the rolls, former POWs who had not previously been drawing financial benefits to which they were entitled, and the number receiving higher ratings as totally disabled was up by more than 1,000.

### **Additional Resources**

POW coordinators are assigned to each VA regional office and medical center and are available to provide more information. Former POWs may contact VA regional offices with general benefits questions at 800-827-1000. Callers are automatically connected to the nearest VA regional office. Medical eligibility questions may be directed to 877-222-8387. Additional information for former POWs also is available from VA's Web site at <http://www.vba.va.gov/bln/21/Benefits/POW/>.



## **Veterans and Agent Orange Update 2004 (2005)**

By David Barker

The report has been released with little change. We have gone through a two year period of study and research with the National Academy of Sciences, for the VA and the net result was a clarification on insulin dependent diabetes type 2. To me it was extremely disappointing, that so many subjects remained untouched and new conditions were not added. Those exposed to Agent Orange, must again wait on those who have little sense of urgency.

The now aging Vietnam veterans, find their ranks starting to thin. Many Agent Orange exposed veterans have met premature death, as a result of conditions many strongly believe are the result of the exposure.

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The VAO Update 2004 has supposedly clarified the insulin dependent diabetes type 2 as a result of my personal testimony before the NAS committee in July 2004. In discussions with committee members it was stated they (the committee) was unaware the VA was denying claims for some veterans due to insulin dependent being classified as diabetes type 1. The VA position was diabetes type 1 was juvenile onset, rather than adult onset which is known as diabetes type 2.

The report defined the conditions "diabetes mellitus is a group of heterogeneous metabolic disorders characterized by hyperglycemia and quantitative or qualitative deficiency of insulin action (Orchard et al., 1992). Although all form share hyperglycemia, the pathogenic processes involved in its development differ. Most diabetes fall into two categories: Type 1 diabetes is characterized by an absolute deficiency of insulin caused by the destruction of insulin producing cells. In the pancreas; type 2 diabetes is characterized by a combination of resistance to the actions of insulin and inadequate secretion of insulin, called relative insulin deficiency. In the old classification systems type 1 diabetes was called insulin dependent diabetes mellitus or juvenile onset diabetes mellitus; type 2 diabetes was called non-insulin dependent diabetes mellitus or adult onset diabetes mellitus. The modern classification system recognizes that type 2 can occur in children and also can require insulin. For both types, long term complications can include cardiovascular disease

nephropathy, retinopathy, neuropathy and increased vulnerability to infections. Maintaining correct blood sugar concentrations within the normal range is crucial for preventing complications...

The etiology of diabetes type 2 is unknown, but three major components have been identified: peripheral insulin resistance (thought by many to be primary) in target tissues (muscle, adipose tissue, liver) a defect in  $\beta$ -cell insulin secretion; and hepatic glucose overproduction. In states of insulin resistance, insulin secretion is initially higher for each concentration of glucose, compared with that for people without diabetes. That hyperinsulinemic state is a compensation for peripheral resistance and can often maintain normal glucose levels for years. Eventually,  $\beta$ -cell compensation become inadequate and there is progression to overt diabetes with concomitant hyperglycemia. The reason the  $\beta$ -cell cease to produce sufficient insulin is not known.

A lawsuit was entered in the U.S. District Court, Brooklyn, by the Vietnamese government, relating to Agent Orange and the suit was dismissed. This suit could have well been exactly what the Vietnam veteran needed, to substantiate the claims of many diseases and birth defects. Ironical but true, this is the same court which let the chemical companies off the hook for \$180 million dollars back in the 1980's!

We shall review briefly these studies made by independent sources. Dr. Hoang Dinh Cau, chairman of the government-supported National Committee for Investigation of the Consequences of Chemicals used in the Vietnam War, known as the 10-80 Committee, has studied the effects of Agent Orange on Vietnamese people over two decades.

Dr. Cau is not as guarded as others at Tu Du Hospital in discussing the use of the herbicide, which contained dioxin, a

contaminant many Western researchers called the most toxic chemical discovered by mankind so far. This was also stated in my book, "IN SEARCH OF THE TRUTH FOR VIETNAM COMBAT VETERANS."

The original essay "Poison: Agent Orange" published by The Ohio AMVET in 1983 is the chapter



with that statement. "We have recognized many kinds of birth defects associated with dioxin," Dr. Cau said, opening up a book with

photographs of Vietnamese civilians identified as Agent Orange victims. Several of the photos depict badly deformed infants. The children in Vietnam suffer a broad range of birth defects: many have unformed limbs, others are mentally handicapped and those with extremely enlarged heads. Vietnamese scientists and government officials believe the children, along with hundreds of thousands of other Vietnamese are victims of the massive amounts of Agent Orange herbicide that US forces dumped on South Vietnam during the Vietnam War.

Vietnamese researchers, as well as some of their Western colleagues, know that the more than 11 million gallons of Agent Orange that the US military introduced to South Vietnamese ecosystems created a public-health nightmare from which Vietnam has not recovered. Vietnamese scientists believe the dioxin contamination has caused not only birth defects, but also respiratory cancers, heart problems and diabetes. In 2000 the US Air Force released a study indicating a link between Agent Orange exposure, diabetes and heart disease. It has been well over 30 years since the United States stopped using Agent Orange. Thus

many seriously ill patients have already died.

So our Agent Orange plight struggles on.

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## **NEWS RELEASE** **from the United** **States Department** **of Defense**

No. 285-05

IMMEDIATE RELEASE

Mar 24, 2005

Media Contact: (703)697-5131

Public/Industry Contact: (703)428-0711

**DoD Health Plan for Eligible National Guard and Reserve Members Announced**

The Department of Defense announced today that beginning April 2005 a new premium-based, health care plan will be available to eligible National Guard and Reserve members activated for contingency operations on or after Sept. 11, 2001.

According to Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs, "This benefit compares most favorably with any health plan option available to our Reserve components." He continued, "We hope that individuals will consider carefully the value of this benefit for themselves and their families as well as the commitment to our nation's defense."

Tricare Reserve Select (TRS) is authorized under the National Defense Authorization Act for fiscal

2005 and, when purchased by a TRS eligible member, provides comprehensive health care coverage similar to Tricare Standard and Extra for the member and his or her eligible family members.

A National Guard or Reserve member's personnel office will determine eligibility for TRS based on active service on or after Sept. 11, 2001. The service period must be for 90 consecutive days or more in support of a contingency operation and, prior to leaving active duty, the member must enter into an agreement with his or her Reserve component to serve in the selected Reserve for at least one additional year. For those members who already have left active duty, they must enter into an additional service agreement no later than Oct. 28, 2005.

Members are eligible for one whole year of TRS coverage for each whole year of service commitment in the service agreement, up to a maximum of one whole year of coverage for each 90 days of continuous active duty served in support of a contingency operation. For example, members who served a 360-day qualifying active duty period in the selected Reserve are eligible for four years of TRS coverage provided the member agrees to serve at least another four years in the selected Reserve.

TRS coverage for members and covered family members will end when the service agreement ends or sooner if the member separates from the selected Reserve, voluntarily disenrolls from the TRS program or fails to pay the monthly TRS premiums.

Updated information on the TRS program (including program start date, eligibility, benefits and premiums) will be posted later this month on the Tricare Web site (<http://www.tricare.osd.mil/trs.cfm>). National Guard and Reserve and family members may subscribe to TRS updates by e-mail, which will be sent as information becomes available. To subscribe, go to the Tricare Web site

(<http://www.tricare.osd.mil/tricaresubscriptions/>).

For those members who purchase TRS and also have health care coverage under the Transitional Assistance Management Program (TAMP), their TRS coverage will begin the day after their TAMP coverage ends.



## **VA Awards Grant to Ohio Veterans Home**

**March 17, 2005**

WASHINGTON Making sure the Ohio Veterans Home remains a comfortable residence for veterans, the Department of Veterans Affairs (VA) is targeting \$2.3 million in grant money for improvements to the Sandusky facility.

"This grant reflects the federal-state partnership that is honoring our commitment to care for the men and women who have served in uniform," said Secretary of Veterans Affairs Jim Nicholson. "This partnership provides a comfortable home for veterans in a time of great personal need."

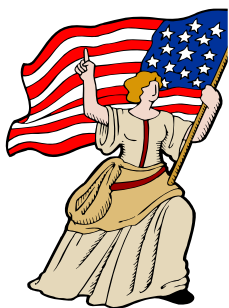
The grant will pay up to 65 percent of the costs of the renovation project, which includes a new fire alarm system and an emergency generator. The overall cost of the project is approximately \$3.5 million.

In fiscal year 2003, VA spent nearly \$2 billion in Ohio to serve more than 1 million veterans who live in the state. The VA Health Care System of Ohio operates major medical centers in Cincinnati, Cleveland, Chillicothe and Dayton, as well as a large independent outpatient clinic

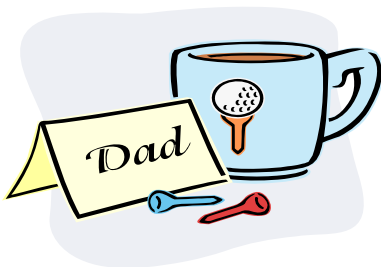
in Columbus. Treatment was provided to 176,149 patients in 2003.

Information about the Ohio Veterans Home is available on the Web at <http://ovh.ohio.gov/sandusky.asp>.

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**Tuesday**  
**June 14<sup>th</sup>**  
**FLAG DAY**



**Sunday May 19th**  
**Father's Day**



**Tuesday**  
**June 21st**  
**Summer**  
**Begins**

**Monday July 4<sup>th</sup>**  
**Independence Day**



**Just a Common Soldier**

He was getting old and paunchy,  
and his hair was falling fast,  
As he sat in the Legion hall telling  
stories of the past,  
Of a war that he had fought in, and  
the deeds that he had done.  
In his exploits with his buddies,  
they were heroes, every one.

Tho' sometimes to his neighbors his  
tales became a joke,  
All his soldier mates they listened,  
for they knew where of he spoke.  
But we'll hear his tales no longer for  
old Bill has passed away,  
And the world's a little poorer - for  
a soldier died today.

He'll not be mourned by many, just  
his children and his wife,  
For he lived a very ordinary, quite  
uneventful life.  
Held a job and raised a family,  
quietly going his own way,  
And the world won't note his  
passing, though a soldier died  
today.

When politicians leave this earth,  
their bodies lie in State  
While thousands note their passing  
and proclaim that they were great.  
Papers tell of their life story from  
the time that they were young,

But the passing of the soldier goes  
unnoticed and unsung.

Is the greatest contribution to the  
welfare of our land  
A man who breaks his promises and  
cons his fellow man?  
Or the ordinary fellow who, in  
times of war and strife  
Goes off to serve his country and  
offers up his life?

A politician's stipend and the style  
in which he lives  
Are sometimes disproportionate to  
the service that he gives;  
while the ordinary soldier who  
offers up his all,  
Is paid off with a medal, and  
perhaps a pension, small.

It's so easy to forget them for it was  
long ago  
that the "Old Bills" of our country  
went to battle, but we know  
It was not the politicians, with their  
compromise and ploys,  
Who won for us the freedom that  
our country now enjoys.

Should you find yourself in danger  
with your enemies at hand,  
Would you want a politician, with  
his ever-shifting stand?  
Or would you prefer a soldier, who  
has sworn to defend  
His home his kin and country, and  
would fight until the end?

He was just a common soldier and  
his ranks are growing thin,  
But his presence should remind us,  
we may need his like again,  
For when countries are in conflict,  
then we find the soldiers' part  
Is to clean up all the troubles that  
the politicians start.

If we cannot do him honor while  
he's here to hear the praise  
Then at least let's give him homage  
at the ending of his days.  
Perhaps just a simple headline in a  
paper that would say:  
"Our country is in mourning - for a  
soldier died today".



A. Lawrence Vaincourt  
WW II Air Force veteran wrote this  
poem in 1985.



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